

APPLICATION OF "BETASALIK" OINTMENT IN THE THERAPY OF
CHRONIC INFLAMMATORY AND ALLERGIC DERMATOSES

Eshonkulov Sodik Kholikovich

*Dermatovenereologist, Samarkand regional branch of the republican
specialized Dermatovenereological and Cosmetological scientific and
practical medical center*

Tillakobilov Ismoil Bahodirovich

*Assistant of the Department of Skin and Venereal Diseases,
Samarkand State Medical University*

Abdullaev Xasan Davlatovich

*Assistant of the Department of Skin and Venereal Diseases,
Samarkand State Medical University*

Tolibov Mansur Mahmudovich

*Assistant of the Department of Skin and Venereal Diseases,
Samarkand State Medical University*

Abstract: Treatment of patients with psoriasis, lichen planus and atopic dermatitis remains an ongoing problem in view of the prevalence of these dermatoses, ambiguities their etiology, Not before end studied pathogenesis And inadequate efficiency available methods treatment. Psoriasis, being chronic recurrent dermatosis, V basis whom lie genetically deterministic violations intracellular exchange substances conditioning accelerated proliferation And slowdown differentiation keratinocytes, A Also violations immune systems, affects 1% to 3% of the world's population. In the last decade, there has been more frequent registration common And verrucous forms red flat depriving, most difficult amenable treatment. Relevance improvement methods treatment atopic dermatitis determined his big prevalence, especially among children's population, more frequent heavy And torpid to form therapy disease [1].

Keywords: betasalic, treatment, allergic dermatoses

Introduction: Important component integrated treatment sick chronic inflammatory And allergic dermatoses is outdoor therapy. IN over the past 30 years, corticosteroids have become the leading drugs for topical treatment. hormones used in various dosage forms of external therapy (aerosols, lotions, creams, ointments). Especially popular among dermatovenereologists and general practitioners practice has been the use of combined glucocorticosteroid drugs for outdoor applications V combined With salicylic acid antimycotics And antibacterial drugs [2, 3, 4]. Most famous hormonal an external preparation containing keratolytics is diprosalic, produced firm "Shering-Plough" (USA) V form lotion And ointments. This a drug contains betamethasone dipropionate (0.05%) and salicylic acid (3% in ointment and 2% in lotion). He found application V treatment sick widespread psoriasis With

persistent, extensive plaque eruptions, atopic dermatitis with foci lichenification; lichen planus with profuse papular and verrucous rashes; chronic eczema, lupus erythematosus, ichthyosiform dermatoses [3].

IN the present time V pharmacy along with With presence brand "Diprosalik" available And generic ointment "Betasalik", production firms

"Arterium", which contains those same concentration betamethasone dipropionate And salicylic acids. Betamethasone dipropionate is yourself synthetic corticosteroid With pronounced antiallergic, anti-inflammatory And antipruritic effect. Salicylic acid contained V optimal concentration, it softens and removes dry scaly formations in old psoriatic plaques promotes maximum penetration betamethasone into the underlying layers of the epidermis and into the dermis, promotes recovery protective sour environments surfaces skin And has bacterio- And fungistatic action [3]. Ointment "Betasalik" recommended For treatment psoriasis, eczema, atopic dermatitis, red lupus, red flat lichen And others dermatoses With keratinization disorders.

The purpose of this report is to evaluate the clinical efficacy of the use ointments "Betasalik" V treatment psoriasis, red flat lichen And atopic dermatitis, to give a comparative clinical and pharmaco-economic evaluation of the treatment sick psoriasis diprosalik ointment and ointment betasalik.

Materials And methods

Under our observation were 42 sick, receiving along with With conventional therapy local treatment with Betasalik ointment, including 27 patients psoriasis, 8 patients with atopic dermatitis and 7 patients with lichen planus; A Also 26 sick psoriasis receiving local treatment ointment "Diprosalik". Patients with psoriasis" (29 husband and 19 women) were aged 19 to 63 years, patients red flat deprive (2 men And 5 women) V age 24-47 years, sick atopic dermatitis (3 men and 5 women) in age from 17 to 33 years old.

All patients with psoriasis had a stationary stage of the disease, the process was widespread And appeared plentiful papular rash on skin torso And extremities, infiltrated plaques of large sizes, covered with abundant, easily removable whitish scales. Eight patients of the first group and 9 sick control groups complained on cutaneous itching. IN experimental And control group patients with psoriasis were not included with profuse eruptions hairy parts heads. Sick suffered psoriasis from 3 before 21 of the year. Along With applique ointments "Diprosalik" or "Betasalik" 2 times V day sick received generally accepted systemic therapy (vitamins At₁, At₆, At₁₂, RR, aevit or antioxidant complex, hepatoprotector Essentiale forte, extract root valerian or Markov's mixture, general ultraviolet irradiation with suberythemal doses - 10-15 sessions).

5 out of 7 patients with lichen planus had verrucous papules on the skin shins, at

majority sick had abundant papular rash on skin flexor surface of the forearms, rear of the hands, skin of the trunk and abdomen, lower limbs. Papules polygonal shape, various sizes, mostly up to 1.5 cm in diameter, lilac in color with a pronounced brilliance in side lighting. All patients complained of intense skin itching in the area of the rash. All patients were diagnosed was confirmed histologically. The duration of the disease ranged from 5 months to 3.5 years. Ointment "Betasalik" was rubbed into the area of rashes, and with verrucous form, depriving the ointment was applied to the shins under an occlusive bandage at night for the first 7-8 days, and in the morning rashes smeared With easy rubbing. IN further lubrication continued more from 7 before 10 days And longer. General therapy included appointment plaquenil or delagil 1 tablet 2 times a day for 10 days, after 5 days was held second similar well drug; xanthinol nicotinate or pentoxifylline, multivitamin complexes With trace elements (duovit or oligovit, or Unicap M).

Prescription diseases atopic dermatitis hesitated from 14 before thirty years. At all 8 sick itchy rashes occupied large area, moreover They localized not only in typical places - the back of the neck, elbow and popliteal folds, wrists, but also on the skin of the lateral surfaces of the trunk, abdomen, and lower extremities. There were plots With pronounced infiltration And lichenification. At 2 sick noted phenomena eczematization. Ointment "Betasalik" applied on plots lichenification V form occlusal bandages on plots lichenification In the evening V for 6-8 days, and in the morning a simple lubrication of the rashes with an ointment with a slight massage. Later 6-8 days local treatment ointment "Betasalik" V form lubrication continued twice V day V flow 8-12 days. Naturally, What All sick atopic dermatitis received And general treatment: intravenous injections sodium thiosulfate or calcium gluconate, % of patients received 4-6 intravenous neorondex infusions (400 ml) with 5 ml of 2% solution of pentoxifylline, antihistamines drugs, potion Markova or extract root valerian, immunal And others results And discussion

At sick psoriasis receiving local treatment ointment "Betasalik", the disappearance of pruritus was recorded after 5-8 days (average 7.0 ± 1.8 days), decrease hyperemia And infiltration V areas rashes on 8th-11th day (V average 9.7 ± 2.1). Gradually observed flattening major papules And plaques appearance ring-shaped figures and the formation of pseudo-atrophic Raven's headband. Back to top fourth weeks (on 23rd day) treatment at 15 sick from 27 (55.6 %) noted clinical recovery, at 8 sick - significant improvement (29.6 %), at 4 (14.8 %)

- improvement. Treatment ointment betasalik All sick endured satisfactorily. Ten patients continued to apply betasalic ointment. for another 7-14 days, but complete permission papular rashes managed reach only at 5, at the rest 5 patients remained moderately infiltrated separate "on duty" plaques.

Local treatment ointment "Diprosalik", carried out at 26 sick psoriasis showed

that the cessation of itching occurred after 3-7 days (average 5.6 ± 1.5 days), reduction of hyperemia and infiltration in the area of rashes on the 6-10th day (on average 8.1 ± 1.9). By the 23rd day of treatment, clinical recovery was noted in 17 (65.4%) of 26 patients. significant improvement - in 8 (30.8%), improvement in 1 patient. Comparison of clinical effectiveness of treatment methods using Betasalik or Diprosalik ointment showed quite comparable results With some advantage original drug "Diprosalik", But differences V speed permissions major clinical signs psoriasis was statistically unreliable ($R > 0.1$). On well treatment 1 sick psoriasis V average was leaving 92.3 ± 7.8 G ointments "Betasalik" And 75.5 ± 8.4 G ointments "Deeprasalik".

Comprehensive treatment sick red flat deprive With using ointments

"Betasalik" For outdoor therapy allowed decrease itching on 3rd-5th day, infiltration of papules - on the 7-10th day. Clinical resolution of papular elements achieved on 18th-23rd at 3 from 7 sick red flat deprive, significant clinical improvement - at 3 patients improvement - at 1.

Application ointments "Betasalik" at sick atopic dermatitis on background commonly used general treatment led to a reduction in pruritus and erythema in the lesions inflammation already on 3-5th day. Decrease lichenification And hyperkeratosis was observed on the 7-10th day of local treatment. Itching and peeling stopped on the 6-8th day of treatment. Complete clinical remission achieved on the 18-24th day of treatment in 5 out of 8 observed sick atopic dermatitis, significant clinical improvement - at 3.

We do not have any adverse reactions and complications during treatment with Betasalik ointment. watched. Patients noted good tolerability of the drug. Dynamic evaluation results of clinical laboratory tests of blood and urine in patients treated with local treatment ointment "Betasalik", Not revealed deviations from normal values.

Conclusions: Thus, Betasalik ointment containing a synthetic corticosteroid hormone betamethasone dipropionate And salicylic acid, is efficient medicinal means outdoor therapy sick psoriasis red flat deprive and atopic dermatitis. Maybe recommended for use in stationary, So and in outpatient conditions.

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